



7/21/04  
**APPROVED**

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2152  
ICW

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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CORRESPONDENCE ADDRESS**

Application Number	09/909,411
Filing Date	07/19/2001
First Named Inventor	Sharon Drew Morgen
Art Unit	2152
Examiner Name	Not yet assigned
Attorney Docket Number	23091-P001US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has refused to pay several invoices issued by attorneys of record.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sharon Drew Morgen		
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Name	Kelly K. Kozarik		
Signature			
Date	6-9-04	Registration No.	36,571
		Telephone No.	512-370-2851

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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